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Case 09-71035 Doc 1 Filed 03/19/09 Entered 03/19/09 17:51:46 Desc Main B1 (Official Form 1) (1/08) Document Page 1 of 59

| United States Bankruptcy Court<br>Northern District of Illinois  |  | Voluntar                            | y Petition  |  |   |
|--|--|-------------------------------------|---|--|---|
| Name of Debtor (if individual, enter Last, First, Middle): Nam   |  | Name of Jo                          | Name of Joint Debtor (Spouse) (Last, First, Middle): Michael, Ellen M.  |  |   |
| All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):  None   | years  | All Other N                         | Vames used by the Joint Debto<br>arried, maiden, and trade name   |  | s   |
| Last four digits of Soc. Sec. or Individual-Taxpay (if more than one, state all): 6017   | /er I.D. (ITIN) No./Complete EI  |                                     | gits of Soc. Sec. or Individual-<br>n one, state all): 1472   | -Taxpayer I.D. (IT)  | IN) No./Complete EIN  |
| Street Address of Debtor (No. and Street, City, a 4612 Sussex Drive McHenry, IL  |  |                                     | ress of Joint Debtor (No. and Sussex Drive  | Street, City, and St   |   |
| •  | ZIPCODE<br>60050   |                                     |   |  | ZIPCODE<br>60050  |
| County of Residence or of the Principal Place of Mchenry   | Business:  | County of R Mchenry                 | Residence or of the Principal I   | Place of Business:   |   |
| Mailing Address of Debtor (if different from stre  | et address):   | Mailing Ad                          | ldress of Joint Debtor (if diffe  | rent from street add   | dress):   |
|  | ZIPCODE  |                                     |   |  | ZIPCODE   |
| Location of Principal Assets of Business Debtor (if different from street address above):  ZIPCODE   |  |                                     |   |  |   |
| Type of Debtor (Form of Organization) (Check one box)  Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)  Partnership  Other (If debtor is not one of the above entities, check this box and state type of entity below.)  | Nature of Business (Check one box) Health Care Business Single Asset Real Estate as de 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank | efined in                           |   | ankruptcy Code Up is Filed (Check Chapter 15 P Recognition Main Proceed Chapter 15 P Recognition Nonmain Pro | one box) Petition for of a Foreign ding Petition for of a Foreign |
|  | Tax-Exempt Enti (Check box, if applies  Debtor is a tax-exempt org under Title 26 of the Unite Code (the Internal Revenu   | able)<br>ganization<br>ed States    | Debts are primarily debts, defined in 11 \$101(8) as "incurred individual primarily personal, family, or purpose."  | U.S.C<br>d by an<br>v for a  | Debts are primarily<br>business debts                             |
| CHECK OHE DOX.   |  |                                     | ck one box: Chapter 11 Debtor is a small business as  |  | C \$ 101/51D)   |
| Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A.  Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. |  | attach Chec                         | Debtor is a small business as of Debtor is not a small business ock if:  Debtor's aggregate noncontin owed to insiders or affiliates)  ock all applicable boxes  A plan is being filed with this Acceptances of the plan were more classes, in accordance w | s as defined in 11 U<br>gent liquidated del<br>are less than \$2,19<br>s petition.<br>solicited prepetition  | J.S.C. § 101(51D) bts (excluding debts 20,000                     |
| Statistical/Administrative Information   | . T  |                                     |   |  | THIS SPACE IS FOR<br>COURT USE ONLY                               |
| Debtor estimates that funds will be available for dist Debtor estimates that, after any exempt property is e distribution to unsecured creditors.  |  | s paid, there will                  | be no funds available for   |  |   |
| Estimated Number of Creditors  1-49 50-99 100-199 200-999  | ) 1000-<br>5000 10,000   | 10,001-<br>25,000                   | 25,001- 50,001-<br>50,000 100,000   | Over<br>100,000  |   |
| Estimated Assets  \$0 to \$550,001 to \$100,000 to \$550,000 to \$1 million  | 1 \$1,000,001 \$10,000,001<br>to \$10 to \$50<br>million million   | \$50,000,001<br>to \$100<br>million | \$100,000,001 \$500,000,000<br>to \$500 to \$1 billion<br>million   |  |   |
| Estimated Liabilities  \$0 to \$550,001 to \$100,001 to \$500,001 to \$550,000 to \$1 million  | 1 \$1,000,001 \$10,000,001<br>to \$10 to \$50<br>million million   | \$50,000,001<br>to \$100<br>million | \$100,000,001 \$500,000,00<br>to \$500 to \$1 billion   |  |   |

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|---|---|--|---------------------------|--|
| Voluntary Petition  (This page must be completed and filed in every case)  Document Page 2 of 59 Name of Debtof(s): Thomas M. Walter & Ellen M. Michael   |   |  |                           |  |
|   | All Prior Bankruptcy Cases Filed Within Last 8 Years (  | If more than two, attach additional sheet)                 |                           |  |
| Location  |   | Case Number:   | Date Filed:               |  |
| Where Filed: Northern District of Indiana   |   | 98-29217   | September 11, 1998        |  |
| Location Where Filed: Northern District of Texas  |   | Case Number: 391-34494-HCA7                                | Date Filed: June 19, 1991 |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner  |   | •  |                           |  |
| Name of Debtor:   | NONE  | Case Number:   | Date Filed:               |  |
| District:   |   | Relationship:  | Judge:                    |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). |   |  |                           |  |
| Exhibit A i   | s attached and made a part of this petition.  | X /s/ John H. Redfield Signature of Attorney for Debtor(s) | Date                      |  |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhibit D  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)   |   |  |                           |  |
| Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.   |   |  |                           |  |
| Information Regarding the Debtor - Venue (Check any applicable box)   |   |  |                           |  |
| ₫   | Debtor has been domiciled or has had a residence, princi immediately preceding the date of this petition or for a lo  | pal place of business, or principal assets in this         |                           |  |
|   |   |  |                           |  |
|   | Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United Sates in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |  |                           |  |
|   | Certification by a Debtor Who Resi<br>(Check all ap   | ides as a Tenant of Residential Propoplicable boxes)       | erty                      |  |
|   | Landlord has a judgment for possession of debtor's resid  | lence. (If box checked, complete the following.            | )                         |  |
|   | (Name of  | landlord that obtained judgment)                           |                           |  |
|   | (Address  | of landlord)   |                           |  |
|   | Debtor claims that under applicable non bankruptcy law, entire monetary default that gave rise to the judgment for  | there are circumstances under which the debtor             |                           |  |
|   |   |  |                           |  |
|   |   |  |                           |  |

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| Case 09-71035 Doc 1 Filed 03/19/0  |   |
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| B1 (Official Form 1) (1/08) Document   | Page 3 01 59 Page 3   |
| Voluntary Petition (This page must be completed and filed in every eggs)   | Name of Debtor(s): The mas M. Welter & Eller M. Michael   |
| (This page must be completed and filed in every case)  | Thomas M. Walter & Ellen M. Michael natures   |
|  |   |
| Signature(s) of Debtor(s) (Individual/Joint)   | Signature of a Foreign Representative   |
| I declare under penalty of perjury that the information provided in this petitio is true and correct.  | 1   |
| [If petitioner is an individual whose debts are primarily consumer debts and   | I declare under penalty of perjury that the information provided in this petition   |
| has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief                              | is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  |
| available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the                               |   |
| petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  | (Check only <b>one</b> box.)  |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   | I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.  |
|  |   |
| W / / (70) NO WORKS  | Pursuant to 11 U.S.C.§ 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. |
| X /s/ Thomas M. Walter Signature of Debtor   |   |
| Signature of Deotor  | X   |
| <b>x</b> /s/ Ellen M. Michael  | (Signature of Foreign Representative)   |
| Signature of Joint Debtor  |   |
|  | (Printed Name of Foreign Representative)  |
| Telephone Number (If not represented by attorney)  |   |
| Date   | (Date)  |
| Signature of Attorney*   |   |
| X /s/ John H. Redfield   | Signature of Non-Attorney Petition Preparer   |
| Signature of Attorney for Debtor(s)  | I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation,  |
| JOHN H. REDFIELD 2298090 Printed Name of Attorney for Debtor(s)  | and have provided the debtor with a copy of this document and the notices   |
|  | and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110   |
| John H. Redfield & Associates, P.C.  Firm Name   | setting a maximum fee for services chargeable by bankruptcy petition  |
| 102 S. Wynstone Park Dr, Ste 201   | preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as  |
| Address  | required in that section. Official Form 19 is attached.   |
| North Barrington, IL 60010   |   |
| 0.47.000.1000  | Printed Name and title, if any, of Bankruptcy Petition Preparer   |
| _847-382-1220<br>Telephone Number  |   |
| Totophone Trained:   | Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or   |
| Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a   | partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  |
| certification that the attorney has no knowledge after an inquiry that the   |   |
| information in the schedules is incorrect.   | Address   |
| Signature of Debtor (Corporation/Partnership)  | 7 ———   |
| I declare under penalty of perjury that the information provided in this petitic is true and correct, and that I have been authorized to file this petition on behalf of the debtor. | X   |
| The debtor requests relief in accordance with the chapter of title 11,   | Date  |
| United States Code, specified in this petition.  | Signature of bankruptcy petition preparer or officer, principal, responsible  |
| X  | person, or partner whose Social Security number is provided above.  |
| Signature of Authorized Individual   | Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:  |
| Printed Name of Authorized Individual  | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.   |
| Title of Authorized Individual   | A bankruptcy petition preparer's failure to comply with the provisions of title 11  |
| Date   | and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. \$110: 18 U.S.C. \$156  |

B1 D (Official Form 1, Exhibit D) (12/08)

### UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re | Thomas M. Walter & Ellen M. Michael | Case No.   |
|-------|-------------------------------------|------------|
| _     | Debtor(s)                           | (if known) |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

B1 D (Official Form 1, Exh. D) (12/08) - Cont.

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3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| 4. I am not required to receive a credit counseling briefing because of: [Check the       |
|---|
| applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental           |
| illness or mental deficiency so as to be incapable of realizing and making rational       |
| decisions with respect to financial responsibilities.);                                   |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the               |
| extent of being unable, after reasonable effort, to participate in a credit counseling    |
| briefing in person, by telephone, or through the Internet.);                              |
| Active military duty in a military combat zone.   |
|   |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit |

I certify under penalty of perjury that the information provided above is true and correct.

counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

| Signature of Debtor: | /s/ Thomas M. Walter |  |
|----------------------|----------------------|--|
| _                    | THOMAS M. WALTER     |  |
| Datas                |                      |  |

B1 D (Official Form 1, Exhibit D) (12/08)

### UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re | Thomas M. Walter & Ellen M. Michael | Case No.   |
|-------|-------------------------------------|------------|
| _     | Debtor(s)                           | (if known) |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

B1 D (Official Form 1, Exh. D) (12/08) – Cont.

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3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the    |
|--|
| applicable statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental          |
| illness or mental deficiency so as to be incapable of realizing and making rational      |
| decisions with respect to financial responsibilities.);                                  |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the            |
| extent of being unable, after reasonable effort, to participate in a credit counseling   |
| briefing in person, by telephone, or through the Internet.);                             |
| Active military duty in a military combat zone.  |
|  |

I certify under penalty of perjury that the information provided above is true and correct.

counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

5. The United States trustee or bankruptcy administrator has determined that the credit

| Signature of Joint Debtor: | /s/ Ellen M. Michael |  |
|----------------------------|----------------------|--|
| _                          | ELLEN M. MICHAEL     |  |
|                            |                      |  |
| D 4                        |                      |  |

**B6 Cover (Form 6 Cover) (12/07)** 

### FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or it part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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| [m mo | Thomas N | лν     | /alter | $Q_T$ | Ellen | М    | Michael |  |
|-------|----------|--------|--------|-------|-------|------|---------|--|
| In re | Thomas N | VI. VI | aner   | α     | Ellen | IVI. | Michael |  |

Case No. \_

**Debtor** 

(If known)

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

| DESCRIPTION AND LOCATION<br>OF PROPERTY       | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|---|--|--------------------------------------|--|-------------------------------|
| Residence 4612 Sussex Drive McHenry, IL 60050 | Fee Simple                                 | W                                    | 180,000.00   | 205,764.00                    |
|   |  | 1 >                                  | 180,000.00   |                               |

(Report also on Summary of Schedules.)

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| Document      | Page 10 of 5 |

| In re | Thomas M. Walter & Ellen M. Michael | Case No    |
|-------|-------------------------------------|------------|
|       | Debtor                              | (If known) |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY  | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY,<br>WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|--|--------------------------------------|--|
| 1. Cash on hand.  |                  | Cash on hand   | J                                    | 20.00  |
| Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                         |                  | Harris Bank checking account Chase Savings Account Fifth Third Bank Harris Savings account, joint with son | W<br>W<br>J<br>W                     | 472.56<br>1,024.30<br>15.00<br>1,000.00  |
| Security deposits with public utilities, telephone companies, landlords, and others.  | X                |  |                                      |  |
| Household goods and furnishings, including audio, video, and computer equipment.  |                  | Computer and Fax<br>Household Goods  | J<br>J                               | 200.00<br>1,800.00   |
| Books. Pictures and other art objects,<br>antiques, stamp, coin, record, tape, compact disc,<br>and other collections or collectibles.  | X                |  |                                      |  |
| Wearing apparel.  |                  | Wearing Apparel  | J                                    | 240.00   |
| 7. Furs and jewelry.  |                  | Furs & Jewelry   | J                                    | 225.00   |
| Firearms and sports, photographic, and other hobby equipment.   | X                |  |                                      |  |
| Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | X                |  |                                      |  |
| 10. Annuities. Itemize and name each issuer.  | X                |  |                                      |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |                                      |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | GlaxoSmithKline Pension Plan<br>Pension Elmhurst Memorial  | WW                                   | Unknown<br>Unknown   |

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In re Thomas M. Walter & Ellen M. Michael

| se No. |      |
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|        | /707 |

Debtor

(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY   | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY,<br>WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|--|------------------|---|--------------------------------------|--|
|  |                  | Fidelity Investments 401(k) - Elmhurst Fidelity Investments 401(k) - Labcorp. Simple IRA Wachovia Securities Rollover IRA Wachovia Securities | W<br>W<br>W                          | 40,584.07<br>5,620.67<br>5,354.37<br>7,319.11  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.  | X                |   |                                      |  |
| 14. Interests in partnerships or joint ventures. Itemize.  | X                |   |                                      |  |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.  | X                |   |                                      |  |
| 16. Accounts receivable.   | X                |   |                                      |  |
| 17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.  | X                |   |                                      |  |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars.   | X                |   |                                      |  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |   |                                      |  |
| 20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.   | X                |   |                                      |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.   | X                |   |                                      |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.  | X                |   |                                      |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.   | X                |   |                                      |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |                                      |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.   |                  | 2001 Olds Silloette   | J                                    | 905.00   |
|  |                  |   |                                      |  |
|  |                  |   |                                      |  |

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(If known)

| [m mo | Thomas N | лν     | /alter | $Q_T$ | Ellen | М    | Michael |  |
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| In re | Thomas N | VI. VI | aner   | α     | Ellen | IVI. | Michael |  |

| Case | No.  |   |
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**Debtor** 

(Continuation Sheet)

### **SCHEDULE B - PERSONAL PROPERTY**

JOINT CURRENT VALUE OF HUSBAND, WIFE, JOI OR COMMUNITY DEBTOR'S INTEREST IN PROPERTY, O TYPE OF PROPERTY DESCRIPTION AND LOCATION WITHOUT N OF PROPERTY DEDUCTING ANY SECURED CLAIM OR EXEMPTION 2007 Toyota Avalon J 18,720.00 X 26. Boats, motors, and accessories. X 27. Aircraft and accessories. X 28. Office equipment, furnishings, and supplies. 29. Machinery, fixtures, equipment, and X supplies used in business. X 30. Inventory. X 31. Animals. X 32. Crops - growing or harvested. Give particulars. X 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. X 35. Other personal property of any kind not X already listed. Itemize.

0

continuation sheets attached

Total

83,500.08

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In re Thomas M. Walter & Ellen M. Michael

Case No. \_ (If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions | to which | debtor is | s entitled | under: |
|------------------------------|----------|-----------|------------|--------|
| (Check one box)              |          |           |            |        |

**Debtor** 

| /                     |  |
|-----------------------|--|
| 11 U.S.C. § 522(b)(2) |  |

11 U.S.C. § 522(b)(3)

 $\ \square$  Check if debtor claims a homestead exemption that exceeds \$136,875.

| DESCRIPTION OF PROPERTY                | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION                       | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT<br>VALUE OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTION |
|--|--|----------------------------------|--|
| GlaxoSmithKline Pension Plan           | (Wife)735 I.L.C.S 5§12-1006                                      | Unknown                          | Unknown  |
| Pension Elmhurst Memorial              | (Wife)735 I.L.C.S 5§12-1006                                      | Unknown                          | Unknown  |
| Harris Bank checking account           | (Wife)735 I.L.C.S 5§12-1001(b)                                   | 472.56                           | 472.56   |
| Chase Savings Account                  | (Wife)735 I.L.C.S 5§12-1001(b)                                   | 1,024.30                         | 1,024.30   |
| Fidelity Investments 401(k) - Elmhurst | (Wife)735 I.L.C.S 5§12-1006                                      | 40,584.07                        | 40,584.07  |
| Residence                              | (Husb)735 I.L.C.S 5§12-901<br>(Wife)735 I.L.C.S 5§12-901         | 0.00<br>0.00                     | 180,000.00   |
| 2001 Olds Silloette                    | (Husb)735 I.L.C.S 5§12-1001(c)                                   | 905.00                           | 905.00   |
| 2007 Toyota Avalon                     | (Wife)735 I.L.C.S 5§12-1001(c)                                   | 0.00                             | 18,720.00  |
| Computer and Fax                       | (Husb)735 I.L.C.S 5§12-1001(b)<br>(Wife)735 I.L.C.S 5§12-1001(b) | 100.00<br>100.00                 | 200.00   |
| Cash on hand                           | (Husb)735 I.L.C.S 5§12-1001(b)<br>(Wife)735 I.L.C.S 5§12-1001(b) | 10.00<br>10.00                   | 20.00  |
| Household Goods                        | (Husb)735 I.L.C.S 5§12-1001(b)<br>(Wife)735 I.L.C.S 5§12-1001(b) | 900.00<br>900.00                 | 1,800.00   |
| Wearing Apparel                        | (Husb)735 I.L.C.S 5§12-1001(b)<br>(Wife)735 I.L.C.S 5§12-1001(b) | 120.00<br>120.00                 | 240.00   |
| Furs & Jewelry                         | (Husb)735 I.L.C.S 5§12-1001(b)<br>(Wife)735 I.L.C.S 5§12-1001(b) | 112.50<br>112.50                 | 225.00   |
| Fifth Third Bank                       | (Husb)735 I.L.C.S 5§12-1001(b)<br>(Wife)735 I.L.C.S 5§12-1001(b) | 7.50<br>7.50                     | 15.00  |
| Fidelity Investments 401(k) - Labcorp. | (Wife)735 I.L.C.S 5§12-1006                                      | 5,620.67                         | 5,620.67   |
|  |  |                                  |  |

Document

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(If known)

In re \_ Thomas M. Walter & Ellen M. Michael

Case No. \_\_

**Debtor** 

(Continuation Page)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| DESCRIPTION OF PROPERTY                | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT<br>VALUE OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTION |
|--|--|----------------------------------|--|
| Simple IRA Wachovia Securities         | (Wife)735 I.L.C.S 5§12-1006                | 5,354.37                         | 5,354.37   |
| Rollover IRA Wachovia Securities       | (Wife)735 I.L.C.S 5§12-1006                | 7,319.11                         | 7,319.11   |
| Harris Savings account, joint with son | (Wife)735 I.L.C.S 5§12-1001(b)             | 1,000.00                         | 1,000.00   |
|  |  |                                  |  |
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B6D (Official Form 6D) (12/07)

| In re _ | Thomas M. Walter & Ellen M. Michael | • | Case No. |            |  |
|---------|-------------------------------------|---|----------|------------|--|
|         | Debtor                              | , |          | (If known) |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT ORCOMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND<br>VALUE OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED    | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED<br>PORTION,<br>IF ANY                    |
|---|----------|----------------------------------|--|------------|--------------|-------------|---|--|
| ACCOUNT NO. 65010013006291  |          |                                  | Lien: PMSI   |            |              |             |   | 1,429.00   |
| Bank of America<br>9000 Southside Blvd, Bldg 600<br>FL9-600-0<br>Jacksonville, FL 32256           |          | J                                | Security: 2007 Toyota Avalon  VALUE \$ 27,070.00   |            |              |             | 28,499.00   | ,  |
| ACCOUNT NO. 2004356254  |          |                                  | Lien: 1st Mortgage   |            |              |             |   |  |
| Citimortgage<br>P.O. Box 9438, Dept O<br>Gaithersburg, MD 20898-9438                              |          | W                                | Security: Residence  |            |              |             | 161,705.00  | 0.00   |
|   |          |                                  | VALUE \$ 180,000.00  |            |              |             |   |  |
| ACCOUNT NO. 161093141   |          |                                  | Lien: 2nd Mortgage   |            |              |             |   | 25,764.00  |
| Countrywide Home Loans<br>450 American Street S<br>Simi Valley, CA 93065                          |          | W                                | Security: Residence  |            |              |             | 40,582.00   | This amount based upon existence of Superior Liens |
|   |          |                                  | VALUE \$ 180,000.00  |            |              |             |   |  |
| 1continuation sheets attached   |          |                                  | (Total   | Sub        | tota         | ye)         | \$ 230,786.00   | \$ 27,193.00                                       |
|   |          |                                  | (Use only o  |            | [ofa]        | <b>&gt;</b> | \$  | \$   |

(Report also on

(If applicable, report Summary of Schedules) also on Statistical Summary of Certain Liabilities and Related Data.)

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B6D (Official Form 6D) (12/07) - Cont.

| In re | Thomas M. Walter & Ellen M. Michael | Case No |            |
|-------|-------------------------------------|---------|------------|
|       | Debtor                              |         | (If known) |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT ORCOMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND<br>VALUE OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT    | UNLIQUIDATED  | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED<br>PORTION,<br>IF ANY |
|---|----------|----------------------------------|--|---------------|---------------|----------|---|---------------------------------|
| ACCOUNT NO.   |          |                                  | Security: Residence  |               |               |          |   | 3,477.00                        |
| McHenry County Collector<br>2200 N. Seminary Avenue<br>Woodstock, IL 60098                                    |          | J                                | VALUE \$ 0.00  |               |               |          | 3,477.00  | 2,                              |
| ACCOUNT NO.   |          |                                  | VALUE \$ 0.00  | ╀             | L             |          |   |                                 |
| McHenry Recorder of Deed<br>667 Ware Street Rm 109<br>Woodstock, IL 60098                                     |          | W                                | VALUE \$ 0.00  |               |               |          | Notice Only   | Notice Only                     |
| ACCOUNT NO.   |          |                                  | VALUE \$ 0.00  | ╀             | ┡             |          |   |                                 |
|   |          |                                  | VALUE \$   | _,            |               |          |   |                                 |
| ACCOUNT NO.   |          |                                  | VALUE \$   |               |               |          |   |                                 |
| ACCOUNT NO.   |          |                                  |  | H             | H             | Н        |   |                                 |
|   |          |                                  | VALUE \$   |               |               |          |   |                                 |
| Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims                 | io.      |                                  | Su<br>(Total(s) c  | btot<br>f thi | s pa          | ge)      | \$ 3,477.00   | \$ 3,477.00                     |
|   |          |                                  | (Use only o  | T<br>n las    | otal<br>st pa | ge) l    | \$ 234,263.00<br>(Report also on                      | \$ 30,670.00                    |

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B6E (Official Form 6E) (12/07)

| In re | Thomas M. Walter & Ellen M. Michael | , | Case No.   |  |
|-------|-------------------------------------|---|------------|--|
|       | Debtor                              | · | (if known) |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.                   |
|---|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| Domestic Support Obligations  |

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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| Thomas M. Walter & Ellen M. Michael   | , Case No   |
|---|---|
| Debtor  | (if known)  |
|   |   |
|   |   |
|   |   |
| Certain farmers and fishermen   |   |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fishern   | nan, against the debtor, as provided in 11 U.S.C. § 507(a)(6).        |
| Deposits by individuals   |   |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rethat were not delivered or provided. 11 U.S.C. § 507(a)(7).                                     | ental of property or services for personal, family, or household use, |
| ☐ Taxes and Certain Other Debts Owed to Governmental Units  |   |
| Taxes, customs duties, and penalties owing to federal, state, and local govern  | nmental units as set forth in 11 U.S.C. § 507(a)(8).                  |
| Commitments to Maintain the Capital of an Insured Depository Instit   | aution  |
| Claims based on commitments to the FDIC, RTC, Director of the Office of T Governors of the Federal Reserve System, or their predecessors or successors, to U.S.C. § 507 (a)(9). |   |
| ☐ Claims for Death or Personal Injury While Debtor Was Intoxicated  |   |
| Claims for death or personal injury resulting from the operation of a motor alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).                                      | vehicle or vessel while the debtor was intoxicated from using         |
| * Amountain and instant adjustment on April 1 2010 and a set of   |   |
| * Amounts are subject to adjustment on April 1, 2010, and every three years the adjustment.   | realier with respect to cases commenced on or after the date of       |

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B6F (Official Form 6F) (12/07)

| In re _ | Thomas M. Walter & Ellen M. Michael | Case No    |  |
|---------|-------------------------------------|------------|--|
|         | Dobton                              | (If known) |  |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                | CODEBTOR | HUSBAND, WIFE, JOINT<br>ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF,<br>SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|----------|-------------------------------------|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1938  Alan J. Acierno DDS  John B. Keehan DDS  129 S. Roselle Rd, Ste 101  Schaumburg, IL 60193-5540 |          | Н                                   | Consideration: Medical services  |            |              |          | 275.00                |
| ACCOUNT NO. 576677  American Coin Corp 919 Estes Court Schaumburg, IL 60193-4427                                 |          | Н                                   | Consideration: Medical services  |            |              |          | 253.00                |
| ACCOUNT NO. 3499910140480943  American Express P.O. Box 981537 El Paso, TX 79998                                 |          | W                                   | Consideration: Credit card debt  |            |              |          | 17,891.00             |
| ACCOUNT NO. 377231160502007<br>American Express<br>P.O. Box 981537<br>El Paso, TX 79998                          |          | W                                   | Consideration: Credit card debt  |            |              |          | Notice Only           |
|  | ļ        |                                     | <b>!</b>   | Subt       | otal<br>otal |          | \$ 18,419.00<br>\$    |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M. Walter & Ellen M. Michael | , Case No |            |
|-------|-------------------------------------|-----------|------------|
|       | Debtor                              |           | (If known) |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|----------------------------------|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 4862362486469862 Capital One Bank USA P.O. Box 30181 Salt lake City, UT 84130-0281    |          | Н                                | Consideration: Credit card debt   |            |              |          | 2,463.00              |
| ACCOUNT NO. 5178052246229476  Capital One Bank USA P.O. Box 30281  Salt Lake City, UT 84130-0281  |          | W                                | Consideration: Credit card debt   |            |              |          | 14,696.00             |
| ACCOUNT NO. 580004196808  Capital One Financial 2730 Liberty Ave. Pittsburgh, PA 15222            |          | Н                                | Consideration: Credit card debt   |            |              |          | 848.00                |
| ACCOUNT NO. 4447962163145356  Credit One Bank P.O. box 08872 Las Vegas, NV 89193                  |          | Н                                | Consideration: Credit card debt   |            |              |          | 311.00                |
| ACCOUNT NO. 60344621711209460  Dick's Sporting/GEMB P.O. Box 981439 El Paso, TX 79998             |          | Н                                | Consideration: Credit card debt   |            |              |          | 469.00                |
| Sheet no. 1 of 6 continuation sheets attact to Schedule of Creditors Holding Unsecured            | hed      |                                  |   | Sub        | tota         | ıl>      | \$ 18,787.00          |

Nonpriority Claims

Total➤ \$

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M. Walter & Ellen M. Michael | , Case No |            |
|-------|-------------------------------------|-----------|------------|
|       | Debtor                              |           | (If known) |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)               | CODEBTOR | HUSBAND, WIFE, JOINT ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED   | AMOUNT<br>OF<br>CLAIM |
|---|----------|----------------------------------|---|------------|--------------|------------|-----------------------|
| ACCOUNT NO. 4375846082820   |          |                                  | Consideration: Credit card debt   | T          |              |            |                       |
| DSNB/Macy's<br>9111 Duke Blvd<br>Mason, OH 45040-8999   |          | Н                                |   |            |              |            | 382.00                |
| ACCOUNT NO. 4380693467520   |          |                                  | Consideration: Credit card debt   | t          |              | H          |                       |
| DSNB/Macys<br>9111 Duke Blvd<br>Mason, OH 45040-8999  |          | W                                |   |            |              |            | 1,207.00              |
| ACCOUNT NO. 5490999279477532  |          |                                  | Consideration: Credit card debt   | t          |              | t          |                       |
| FIA CSNA<br>4060 Ogleton Stat,<br>Mail Code DE5-019<br>Newark, DE 19713   |          | W                                |   |            |              |            | 20,648.00             |
| ACCOUNT NO. 5467002400864360  |          |                                  | Consideration: Credit card debt   | t          |              | t          |                       |
| Fifth Third Bank<br>5050 Kingsley Dr<br>MD1MOB1K<br>Cincinnati, OH 45263  |          | W                                |   |            |              |            | 15,152.00             |
| ACCOUNT NO. 0750076242B0827R00Z  Golf Digest c/o North Shore Agency Inc. P.O. Box 8901  Westbury, NY 11590-8901 |          | Н                                | Consideration: Publication  |            |              |            | 14.97                 |
| Sheet no. $\frac{2}{160}$ of $\frac{6}{160}$ continuation sheets attac  | hed      |                                  |   | Sub        | tota         | <u>1</u> ≻ | \$ 37,403.97          |
| to Schedule of Creditors Holding Unsecured  |          |                                  |   | 7          | Coto         | 1          | •                     |

Nonpriority Claims

Total➤ \$

B6F (Official Form 6F) (12/07) - Cont.

| In re _ | Thomas M. Walter & Ellen M. Michael | , | Case No |            |  |
|---------|-------------------------------------|---|---------|------------|--|
|         | Debtor                              |   |         | (If known) |  |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED    | AMOUNT<br>OF<br>CLAIM |
|---|----------|----------------------------------|---|------------|--------------|-------------|-----------------------|
| ACCOUNT NO. 5433280002107682  |          |                                  | Consideration: Credit card debt   |            |              |             |                       |
| HSBC Bank<br>P.O. Box 5253<br>Carol Stream, IL 60197  | •        | Н                                |   |            |              |             | 3,411.00              |
| ACCOUNT NO. 4730680105133936  |          |                                  | Consideration: Credit card debt   |            |              |             |                       |
| HSBC Bank<br>P.O. Box 5253<br>Carol Stream, IL 60197  |          | Н                                |   |            |              |             | 2,982.00              |
| ACCOUNT NO. 332-44-6017   |          |                                  | Consideration: IRS 1040 1995  | T          |              |             |                       |
| IRS<br>ACS Support - Stop 8130<br>P.O. Box 145566<br>Cincinnati, OH 45250-5566                    |          | Н                                |   |            |              |             | 7,399.33              |
| ACCOUNT NO. 332-44-6017   |          |                                  | Consideration: IRS 1040 1996  | H          |              |             |                       |
| IRS<br>ACS Support - Stop 8130<br>P.O. Box 145566<br>cincinnati, OH 45250-5566                    |          | Н                                |   |            |              |             | 16,551.79             |
| ACCOUNT NO. 332-44-6017  IRS  ACS Support - Stop 8130  P.O. Box 145566  cincinnati, OH 45250-5566 |          | Н                                | Consideration: IRS 1040 1997  |            |              |             | 12,193.99             |
| Sheet no. 3 of 6 continuation sheets attact to Schedule of Creditors Holding Unsecured            | hed      |                                  |   | Sub        | tota         | <b>&gt;</b> | \$ 42,538.11          |

Nonpriority Claims

Total ➤ \$

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B6F (Official Form 6F) (12/07) - Cont.

| In re _ | Thomas M. Walter & Ellen M. Michael | , | Case No |            |  |
|---------|-------------------------------------|---|---------|------------|--|
|         | Debtor                              |   |         | (If known) |  |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR  | HUSBAND, WIFE, JOINT<br>ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED          | AMOUNT<br>OF<br>CLAIM |
|---|-----------|-------------------------------------|---|------------|--------------|-------------------|-----------------------|
| ACCOUNT NO. 29348940752   | T         |                                     | Consideration: Credit card debt   |            |              |                   |                       |
| Kohl's/Chase<br>N56W17000 Ridgewood<br>Menomonee FLS, WI 53051  |           | W                                   |   |            |              |                   | 1,996.00              |
| ACCOUNT NO. 029348940710  | +         |                                     |   | ╁          |              |                   |                       |
| Kohl's/Chase<br>N56W17000 Ridgewood<br>Menomonee FLS, WI 53051  |           | W                                   |   |            |              |                   | Notice Only           |
| ACCOUNT NO. 6978000004994518  | $\dagger$ |                                     | Consideration: Credit card debt   | ┢          |              |                   |                       |
| Lane Bryant<br>450 Winks lane<br>Bensalem, PA 19020   |           | W                                   |   |            |              |                   | 82.00                 |
| ACCOUNT NO.   | +         |                                     | Consideration: Medical services   | ╁          |              |                   |                       |
| Memorial Center<br>c/o American Corp.<br>919 Estes Court<br>Schaumburg, IL 60193                              |           | Н                                   |   |            |              |                   | 253.00                |
| ACCOUNT NO.  PM Group International Inc. Re: Non-Employee Income P.O. Box 145566 Cincinnati, OH 45250-5566    |           | Н                                   |   |            |              |                   | Notice Only           |
| Sheet no. 4 of 6 continuation sheets at   | tached    |                                     |   | Sub        | tota         | <br>  <b>&gt;</b> | \$ 2,331.00           |
| to Schedule of Creditors Holding Unsecured  |           |                                     |   |            | Tota         |                   | \$ 2,331.00           |

Nonpriority Claims

Total➤ \$

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M. Walter & Ellen M. Michael | _, Case No |            |
|-------|-------------------------------------|------------|------------|
|       | Debtor                              |            | (If known) |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT<br>ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED   | AMOUNT<br>OF<br>CLAIM |
|---|----------|-------------------------------------|---|------------|--------------|------------|-----------------------|
| ACCOUNT NO. 5611153732  Quest Diagnostics P.O. Box 64804  Baltimore, MD 21264-4804                            |          | Н                                   | Consideration: Medical services   |            |              |            | 103.43                |
| ACCOUNT NO. 90088-0  Robert R. Youngquist DDS 255 Havenwood Drive Lake Geneva, WI 53147                       |          | Н                                   | Consideration: Medical services   |            |              |            | 792.00                |
| ACCOUNT NO. 6004668054100216  Spirit of America National Bank 1103 Allen Drive Milford, OH 45150              |          | W                                   | Consideration: Credit card debt   |            |              |            | 457.00                |
| ACCOUNT NO. 6035320076937695  The Home Depot/DBSD P.O. Box 6497 Sioux Falls, SD 57117-6497                    |          | W                                   | Consideration: Credit card debt   |            |              |            | 906.00                |
| TNB-Target P.O. Box 673 Minneapolis, MN 55440-0673  |          | Н                                   | Consideration: Credit card debt   |            |              |            | 436.00                |
| Sheet no. 5 of 6 continuation sheets attropic of Creditors Holding Unsecured                                  | ached    |                                     |   | Sub        | tota         | ı <b>≻</b> | \$ 2,694.43           |

to Schedule of Creditors Holding Unsecured Nonpriority Claims

\$ Total ➤

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M. Walter & Ellen M. Michael | , | Case No. |            |
|-------|-------------------------------------|---|----------|------------|
|       | Debtor                              |   |          | (If known) |

### SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT ORCOMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM.<br>IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|----------|----------------------------------|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 4559540400760718  Washingtton Mutual/PROV 800 Brooksedge Blvd. Westville, OH 43081    |          | Н                                | Consideration: Credit card debt   |            |              |          | 2,925.00              |
| ACCOUNT NO.   |          |                                  |   |            |              |          |                       |
| ACCOUNT NO.   | •        |                                  |   |            |              |          |                       |
| ACCOUNT NO.   |          |                                  |   |            |              |          |                       |
| ACCOUNT NO.  Sheet no. 6 of 6 continuation sheets attack.   |          |                                  |   |            |              | ¥        |                       |

Sheet no. <u>6</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ► \$ 2,925.00 Total ► \$ 125,098.51

| Case 09-71035<br>B6G (Official Form 6G) (12/07) | se 09-71035 [ | B6G (Offici |
|---|---------------|-------------|
|---|---------------|-------------|

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| In re | Thomas M. Walter & Ellen M. Michael | Case No. |            |
|-------|-------------------------------------|----------|------------|
|       | Debtor                              |          | (if known) |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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| In re | Thomas M. Walter & Ellen M. Michael | Case No. |            |
|-------|-------------------------------------|----------|------------|
|       | Debtor                              |          | (if known) |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

| Check this box if debtor has no codebto |
|---|
|---|

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
|                              |                              |
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|                              |                              |

Debtor's Marital

Status:

Filed 03/19/09

RELATIONSHIP(S): son, son, daughter

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AGE(S): 9 years, 17 years, 19

B6I (Official Form 6I) (12/07)

Married

None

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| Thomas M. Walter & Ellen M. Michael |  |  |  |
|-------------------------------------|--|--|--|

Case

DEPENDENTS OF DEBTOR AND SPOUSE

### Debtor (if known) SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Employment: DEBTOR  |              | SPOUSE ye   | ars                                 |
|---|--------------|---|-------------------------------------|
| Occupation Expeditor  | Sales Repres | sentative   |                                     |
| Name of Employer Garden Restaurant  | Elmhurst Me  | emorial Healthcare                                |                                     |
| How long employed 1 month   | 5 years      |   |                                     |
| Address of Employer McHenry, IL   |              |   |                                     |
| NCOME: (Estimate of average or projected monthly income at time case filed)   |              | DEBTOR  | SPOUSE                              |
| . Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)   |              | \$780.00  | \$6,770.57                          |
| 2. Estimated monthly overtime   |              | \$0.00_   | \$                                  |
| 3. SUBTOTAL   |              | \$780.00  | \$ 6,770.57                         |
| 4. LESS PAYROLL DEDUCTIONS  |              |   |                                     |
| <ul><li>a. Payroll taxes and social security</li><li>b. Insurance</li><li>c. Union Dues</li></ul>   |              | \$ 85.80<br>\$ 0.00<br>\$ 0.00                    | \$ 1,340.34<br>\$ 453.33<br>\$ 0.00 |
| d. Other (Specify: (S)PBK Loan and Sav Plan   | )            | \$0.00  | \$ 703.43                           |
| S. SUBTOTAL OF PAYROLL DEDUCTIONS   |              | \$85.80   | \$ 2,497.10                         |
| 5 TOTAL NET MONTHLY TAKE HOME PAY   |              | \$694.20  | \$ 4,273.47                         |
| 7. Regular income from operation of business or profession or farm (Attach detailed statement)  |              | \$1,922.95  | \$                                  |
| 3. Income from real property  |              | \$0.00  | \$0.00                              |
| 9. Interest and dividends   |              | \$0.00  | \$0.00                              |
| <ol> <li>Alimony, maintenance or support payments payable to the debtor for the<br/>debtor's use or that of dependents listed above.</li> </ol> |              | \$0.00  | \$0.00                              |
| Social security or other government assistance     (Specify)  | _            | \$0.00  | \$0.00                              |
| 2. Pension or retirement income   |              | \$ 0.00   | \$ 0.00                             |
| 3. Other monthly income   |              | \$0.00  | \$ 0.00                             |
| (Specify)   |              | \$0.00  | \$0.00                              |
| 4. SUBTOTAL OF LINES 7 THROUGH 13   |              | \$1,922.95  | \$0.00                              |
| 5. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)   |              | \$2,617.15  | \$ 4,273.47                         |
| 6. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)   |              |   | 6,890.62                            |
|   |              | Summary of Schedules a<br>mmary of Certain Liabil |                                     |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

| In re_ | Thomas M. Walter & Ellen M. Michael | Case No    |
|--------|-------------------------------------|------------|
|        | Debtor                              | (if known) |

### ${\bf SCHEDULE\; J\; -\; CURRENT\; EXPENDITURES\; OF\; INDIVIDUAL\; DEBTOR(S)}$

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case

| filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average recalculated on this form may differ from the deductions from income allowed on Form 22A or 22C. | nonthly exper | nses             |
|---|---------------|------------------|
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate labeled "Spouse."   | schedule of   | expenditures     |
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$            | 1,399.34         |
| a. Are real estate taxes included? Yes No   |               | ,                |
| b. Is property insurance included? YesNo  |               |                  |
| 2. Utilities: a. Electricity and heating fuel   |               | 199.05           |
| b. Water and sewer  |               | 42.00            |
| c. Telephone  |               | 57.26            |
| d. Other  |               | 0.00             |
|   |               | 80.00            |
| 4. Food   |               | 400.00           |
| 5. Clothing 6. Lounday and day alconing   |               | 60.00            |
| <ul><li>6. Laundry and dry cleaning</li><li>7. Medical and dental expenses</li></ul>  |               | 15.00            |
| 8. Transportation (not including car payments)  |               | 200.00<br>365.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   |               | 30.00            |
| 10.Charitable contributions   |               | 0.00             |
| 11.Insurance (not deducted from wages or included in home mortgage payments)  | Ψ             | U.UU             |
| a. Homeowner's or renter's  | \$            | 53.08            |
| b. Life   |               | 70.16            |
| c. Health   |               | 0.00             |
| d.Auto  |               | 140.00           |
| e. Other  | \$            | 0.00             |
| e. Other  |               |                  |
| (Specify) Real Estate   | \$            | 289.75           |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  |               |                  |
| a. Auto   | \$            | 727.96           |
| b. Other  | \$            | 0.00             |
| c. Other  | \$            | 0.00             |
| 14. Alimony, maintenance, and support paid to others  | \$            | 0.00             |
| 15. Payments for support of additional dependents not living at your home   | \$            | 0.00             |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$            | 1,279.00         |
| 17. Other Child Support  18. AVER ACE MONTHLY EXPENSES (Total lines 1.17. Papert also an Support of Schedules and   | \$            | 1,450.00         |
| 18. A VERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,   | \$            | 6,857.60         |
| if applicable, on the Statistical Summary of Certain Liabilities and Related Data)  | C (1 : 1      |                  |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing  | of this docum | ient:            |
| None  |               |                  |
|   |               |                  |
| 20. STATEMENT OF MONTHLY NET INCOME   |               |                  |
| a. Average monthly income from Line 15 of Schedule (Includes spouse income of \$4,273.47. See Schedule I)   | \$            | 6,890.62         |
| b. Average monthly expenses from Line 18 above  | \$            | 6,857.60         |
| c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)   | \$            | 33.02            |

B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M. Walter & Ellen M. Michael | Case No.  |  |
|-------|-------------------------------------|-----------|--|
|       | Debtor                              |           |  |
|       |                                     | Chapter 7 |  |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

### AMOUNTS SCHEDULED

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|---|----------------------|---------------|---------------|---------------|-------------|
| A – Real Property   | YES                  | 1             | \$ 180,000.00 |               |             |
| B – Personal Property   | YES                  | 3             | \$ 83,500.08  |               |             |
| C – Property Claimed as exempt  | YES                  | 2             |               |               |             |
| D – Creditors Holding<br>Secured Claims   | YES                  | 2             |               | \$ 234,263.00 |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | YES                  | 2             |               | \$ 0.00       |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | YES                  | 7             |               | \$ 125,098.51 |             |
| G - Executory Contracts and<br>Unexpired Leases                                       | YES                  | 1             |               |               |             |
| H - Codebtors   | YES                  | 1             |               |               |             |
| I - Current Income of<br>Individual Debtor(s)   | YES                  | 1             |               |               | \$ 6,890.62 |
| J - Current Expenditures of Individual<br>Debtors(s)                                  | YES                  | 1             |               |               | \$ 6,857.60 |
| TOTAL   |                      | 21            | \$ 263,500.08 | \$ 359,361.51 |             |

# Official Form 09-5 points of the content of the con

| In re | Thomas M. Walter & Ellen M. Michael | Case No.  |   |
|-------|-------------------------------------|-----------|---|
|       | Debtor                              |           |   |
|       |                                     | Chapter _ | 7 |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |      |
|---|--------|------|
| Domestic Support Obligations (from Schedule E)  | \$     | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$     | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$     | 0.00 |
| Student Loan Obligations (from Schedule F)  | \$     | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$     | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$     | 0.00 |
| TOTAL   | \$     | 0.00 |

### **State the Following:**

| Average Income (from Schedule I, Line 16)  | \$ | 6,890.62 |  |  |
|--|----|----------|--|--|
| Average Expenses (from Schedule J, Line 18)  | \$ | 6,857.60 |  |  |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20) | \$ | 8,972.12 |  |  |

### State the Following:

| State the Following.   |         |               |
|--|---------|---------------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |         | \$ 30,670.00  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |               |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$ 0.00       |
| 4. Total from Schedule F   |         | \$ 125,098.51 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$ 155,768.51 |

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Thomas M. Walter & Ellen M. Michael

In re Debtor

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Case No. \_\_\_\_ (If known)

|   | ER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR   |
|---|--|
| I declare under penalty of perjury that I have re are true and correct to the best of my knowledge, information         | ad the foregoing summary and schedules, consisting of sheets, and that they tion, and belief.  |
| Date  | Signature: /s/ Thomas M. Walter  |
| Date  | Debtor:  |
|   | Signature: /s/ Ellen M. Michael  |
| Date  | Signature: /// (Joint Debtor, if any)  |
|   | [If joint case, both spouses must sign.]   |
|   | N-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)  |
| compensation and have provided the debtor with a copy of t 110(h) and 342(b); and, (3) if rules or guidelines have been | uptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for his document and the notices and information required under 11 U.S.C. §§ 110(b), promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeabletice of the maximum amount before preparing any document for filing for a debtor or n. |
| Printed or Typed Name and Title, if any,<br>of Bankruptcy Petition Preparer   | Social Security No. (Required by 11 U.S.C. § 110.)   |
| 1 7 1   | , title (if any), address, and social security number of the officer, principal, responsible person, or partne   |
| Address   |  |
| Signature of Bankruptcy Petition Preparer   | Date   |
| Names and Social Security numbers of all other individuals who prepare  | ed or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:   |
| f more than one person prepared this document, attach additional signe  | ed sheets conforming to the appropriate Official Form for each person.   |
| bankruptcy petition preparer's failure to comply with the provisions of title 8 U.S.C. § 156.                           | 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110  |
| DECLARATION UNDER PENALTY OF P  | PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP  |
| I, the [the pr  | resident or other officer or an authorized agent of the corporation or a member  |
|   | [corporation or partnership] named as debtor the foregoing summary and schedules, consisting ofsheets (total orrect to the best of my knowledge, information, and belief.  |
| Date  | Signature:   |
|   | [Print or type name of individual signing on behalf of debtor.]  |
| [An individual signing on behalf of a partne  | ership or corporation must indicate position or relationship to debtor.]   |

### Doc 1 Filed 03/19/09 Entered 03/19/09 17:51:46

UNITED STATES BANKRUFTCY COURT

Northern District of Illinois

| In Re | Thomas M. Walter & Ellen M. Michael | Case No.   |  |
|-------|-------------------------------------|------------|--|
|       |                                     | (if known) |  |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or selfemployed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|           | AMOUNT    |            | SOURCE |
|-----------|-----------|------------|--------|
| 2009(db)  | 1,540.00  | Employment |        |
| 2008(db)  | 14,587.00 | Employment |        |
| 2007(db)  | 86,822.00 | Employment |        |
|           |           |            |        |
| 2009(jdb) | 20,283.00 | Employment |        |
| 2008(jdb) | 93,667.00 | Employment |        |
| 2007(jdb) | 92,663.00 | Employment |        |

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

None

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING

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None

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c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

### 6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS DATE OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

John H. Redfield John H. Redfield & Associates, P.C. 102 S. Wynstone Park Dr, Ste 201 North Barrington, IL 60010

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

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NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

Max Walter,son 4612 Sussex Dr. 529 Illinois College Fund

College Illinois

4612 Sussex Dr. \$9,405.00 McHenry, IL 60050

### 15. Prior address of debtor

None

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If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

### 16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE

ENVIRONMENTAL LAW b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE ENVIRONMENTAL LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN **ADDRESS** 

NATURE OF BUSINESS BEGINNING AND ENDING DATES

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

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NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

\* \* \* \* \* \*

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| [If completed by an individual or individual an  | nd spouse]   |  |
|--|--|--|
| I declare under penalty of perjury that I have read the attachments thereto and that they are true and correct   | e answers contained in th  | ne foregoing statement of financial affairs and any  |
| Date   | Signature  | /s/ Thomas M. Walter   |
| Date   | of Debtor  | THOMAS M. WALTER   |
| Date   | Signature  | /s/ Ellen M. Michael   |
|  | of Joint Debtor  | ELLEN M. MICHAEL   |
| Penalty for making a false statement: Fine of  | _ continuation sheets att  | risonment for up to 5 years, or both. 18 U.S.C. §152 and 3571  |
|  |  |  |
| I declare under penalty of perjury that: (1) I am a bankrup compensation and have provided the debtor with a copy of this (3) if rules or guidelines have been promulgated pursuant to 1 | otcy petition preparer as<br>s document and the notice<br>1 U.S.C. § 110 setting | ANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) defined in 11 U.S.C. § 110; (2) I prepared this document for ces and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); a maximum fee for services chargeable by bankruptcy petition of document for filing for a debtor or accepting any fee from the |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition  If the bankruptcy petition preparer is not an individual, state the name, ti partner who signs this document.           | =  | Social Security No. (Required by 11 U.S.C. § 110(c).) rial security number of the officer, principal, responsible person, or   |
| Address  |  |  |
| X Signature of Bankruptcy Petition Preparer  |  | Poto   |
| Signature of Bankrupicy Petition Preparer  |  | Date   |
| Names and Social Security numbers of all other individuals who not an individual:  | prepared or assisted in  | preparing this document unless the bankruptcy petition preparer is   |
| If more than one person prepared this document, attach addition  | al signed sheets conform   | ning to the appropriate Official Form for each person.   |

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 $A\ bankruptcy\ petition\ preparer's\ failure\ to\ comply\ with\ the\ provisions\ of\ title\ 11\ and\ the\ Federal\ Rules\ of\ Bankruptcy\ Procedure\ may\ result\ in\ fines\ or\ imprisonment\ or\ both.\ 18\ U.S.C.\ \S156.$ 

B8 (Official Form 8) (12/08)

# Document

# UNITED STATES BANKRUPTCY COURT Northern District of Illinois

|        | Thomas M. Walter & Ellen M. Michael |   |           |           |
|--------|-------------------------------------|---|-----------|-----------|
| In re  |                                     |   | Case No.  |           |
| 111 10 | Debtor                              | , | cuse ive. | Chapter 7 |

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A** - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

| Property No. 1  Creditor's Name: McHenry County Collector 2200 N. Seminary Avenue Woodstock, IL 60098  Property will be (check one): Surrendered Reading the property, I intend to (check at least one): Reading the property, I intend to (check at least one): Reading the property is (check one): Other. Explain Using 11 U.S.C. \$522(ft).  Property is (check one): Claimed as exempt  Not claimed as exempt  Property No. 2 (if necessary)  Creditor's Name: Cittimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one): Surrendered Retained  If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain Other. Explain (for example, avoid lien using 11 U.S.C. \$522(ft). |   |                                    |                   | 7  |  |  |
|--|---|------------------------------------|-------------------|--|--|--|
| 2200 N. Seminary Avenue Woodstock, IL 60098  Property will be (check one): Surrendered Retained  If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain Using 11 U.S.C. §522(f)).  Property is (check one): Claimed as exempt  Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one): Surrendered Residence  Property will be (check one): Redeem the property Reaffirm the debt Other. Explain Other. Explain Other. Explain Using 11 U.S.C. §522(f)).  Property is (check one):   | Property N  | o. 1                               |                   |  |  |  |
| Property will be (check one):  Surrendered  Redeem the property, I intend to (check at least one):  Redeem the property  Reaffirm the debt  Other. Explain  Us.C. §522(f)).  Property is (check one):  Claimed as exempt  Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one):  Residence  Residence  Residence  Residence  Residence  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt  Other. Explain  (for example, avoid lien  using 11 U.S.C. §522(f)).  Property is (check one):  | McHenry County Collector<br>2200 N. Seminary Avenue |                                    |                   | Describe Property Securing Debt: Residence |  |  |
| Surrendered  |   | ,                                  |                   |  |  |  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain   | Property w  | rill be (check one):               |                   |  |  |  |
| Redeem the property Reaffirm the debt Other. Explain   |   | Surrendered                        | <b>d</b> Retained |  |  |  |
| Reaffirm the debt Other. Explain   | If retaining  | g the property, I intend to (checi | k at least one):  |  |  |  |
| Other. Explain   |   | Redeem the property                |                   |  |  |  |
| using 11 U.S.C. §522(f)).  Property is (check one):  Claimed as exempt  Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one): Surrendered  If retaining the property, I intend to (check at least one): Readfirm the debt Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):  | 1 /   |                                    |                   |  |  |  |
| Property is (check one):  Claimed as exempt  Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive OFallon, MO 63368  Property will be (check one): Surrendered  Retained  If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):  |   | Other. Explain                     |                   | (for example, avoid lien                   |  |  |
| Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one):  Surrendered  Residence  Residence  Residence  Residence  Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):  | using 11 U  | S.C. §522(f)).                     |                   | <del></del>                                |  |  |
| Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one):  Surrendered  Residence  Residence  Residence  Residence  Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):  |   |                                    |                   |  |  |  |
| Property No. 2 (if necessary)  Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one): Surrendered Retained  If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):   |   |                                    | <b>-</b>          |  |  |  |
| Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one): Surrendered Retained  If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt The Retained  Content of the Explain (for example, avoid lien using 11 U.S.C. §522(f)).   |   | Claimed as exempt                  |                   | Not claimed as exempt                      |  |  |
| Creditor's Name: Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one): Surrendered Retained  If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Check Explain U.S.C. §522(f)).  Property is (check one):  |   |                                    |                   |  |  |  |
| Citimortgage 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one):  Surrendered Retained  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):   | Property N  | o. 2 (if necessary)                |                   | ]  |  |  |
| 1000 Technology Drive O'Fallon, MO 63368  Property will be (check one):  Surrendered  Retained  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):   |   |                                    |                   | Describe Property Securing Debt:           |  |  |
| O'Fallon, MO 63368  Property will be (check one):  Surrendered  Retained  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):   |   |                                    |                   | Residence                                  |  |  |
| Property will be (check one):  Surrendered  Retained  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain   |   |                                    |                   |  |  |  |
| Surrendered  Retained  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):  |   |                                    |                   |  |  |  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).  Property is (check one):   | Property w  | rill be (check one):               |                   |  |  |  |
| Redeem the property Reaffirm the debt Other. Explain   |   | Surrendered                        | <b>d</b> Retained |  |  |  |
| Reaffirm the debt  Other. Explain  | If retaining  | g the property, I intend to (checi | k at least one):  |  |  |  |
| Reaffirm the debt  Other. Explain  |   | Redeem the property                |                   |  |  |  |
| using 11 U.S.C. §522(f)).  Property is (check one):  |   | 1 1 2                              |                   |  |  |  |
| using 11 U.S.C. §522(f)).  Property is (check one):  |   | Other. Explain                     |                   | (for example, avoid lien                   |  |  |
| · 1  | I .   |                                    |                   |  |  |  |
| · 1  |   |                                    |                   |  |  |  |
| ☐ Not claimed as exempt  |   |                                    | _                 |  |  |  |
|  |   | Claimed as exempt                  |                   | Not claimed as exempt                      |  |  |

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**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

| Property No. 1 NO Leased Proper     | rty  |  |
|-------------------------------------|--|--|
| Lessor's Name:                      | Describe Leased Property:                  | Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): |
|                                     |  | ☐ YES ☐ NO   |
|                                     |  |  |
| Property No. 2 (if necessary)       |  |  |
| Lessor's Name:                      | Describe Leased Property:                  | Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): |
|                                     |  | ☐ YES ☐ NO   |
| D 4 N 2 ((6                         |  |  |
| Property No. 3 (if necessary)       |  |  |
| Lessor's Name:                      | Describe Leased Property:                  | Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): |
|                                     |  | ☐ YES ☐ NO   |
|                                     | hat the above indicates my intention as to |  |
| Estate securing debt and/or persona | ll property subject to an unexpired lease. |  |
|                                     |  |  |
|                                     |  |  |
| Date:                               | /s/ Thomas M. Walt                         | ter  |
|                                     | Signature of Debtor                        |  |
|                                     |  |  |
|                                     | /s/ Ellen M. Michae                        |  |
|                                     | Signature of Joint Debt                    | or   |

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# CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION (Continuation Sheet)

# **PART A** - Continuation

| Property No: 3  |                       |   |                          |
|---|-----------------------|---|--------------------------|
| Creditor's Name:<br>Countrywide Home Loans<br>450 American Street S<br>Simi Valley, CA 93065    |                       | Describe Property Securi<br>Residence                 | ing Debt:                |
| Property will be (check one):   |                       |   |                          |
| Surrendered   | <b>√</b> Reta         | ined  |                          |
| If retaining the property, I intend to  | (check at least one): |   |                          |
| Redeem the property   |                       |   |                          |
| Reaffirm the debt   |                       |   |                          |
|   |                       |   | (for example, avoid lien |
| using 11 U.S.C.§522(f)).  |                       |   |                          |
| Property is <i>(check one):</i> Claimed as exempt   |                       | ☐ Not claimed as exempt                               |                          |
| Property No: 4  |                       |   |                          |
| Creditor's Name: Bank of America 9000 Southside Blvd, Bldg 600 FL9-600-0 Jacksonville, FL 32256 |                       | <b>Describe Property Securi</b><br>2007 Toyota Avalon | ing Debt:                |
| Property will be (check one):   |                       |   |                          |
| Surrendered   | <b>√</b> Reta         | ined  |                          |
| If retaining the property, I intend to  | (check at least one): |   |                          |
| ☐ Redeem the property   |                       |   |                          |
| ▼ Reaffirm the debt   |                       |   |                          |
| Other. Explain  |                       |   | (for example, avoid lien |
| using 11 U.S.C.§522(f)).  |                       |   |                          |
| Property is <i>(check one):</i> Claimed as exempt   |                       | ☐ Not claimed as exempt                               |                          |

# UNITED STATES BANKRUPTCY COURT

# Northern District of Illinois

# NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

# 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

## Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

# Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

# **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

Social Security number (If the bankruptcy petition

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Address:  | preparer is not an individual, state the Social Security            |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | number of the officer, principal, responsible person, or partner of |  |  |  |  |  |
|   | the bankruptcy petition preparer.) (Required                        |  |  |  |  |  |
| X   | by 11 U.S.C. § 110.)  |  |  |  |  |  |
| Signature of Bankruptcy Petition Preparer or officer,   |   |  |  |  |  |  |
| principal, responsible person, or partner whose Social  |   |  |  |  |  |  |
| Security number is provided above.                      |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Certifi   | cate of the Debtor  |  |  |  |  |  |
| I (We), the debtor(s), affirm that I (we) have received | d and read this notice.   |  |  |  |  |  |
| Thomas M. Walter & Ellen M. Michael                     | X/s/ Thomas M. Walter   |  |  |  |  |  |
| Printed Name(s) of Debtor(s)                            | Signature of Debtor Date  |  |  |  |  |  |
| Case No. (if known)                                     | X/s/ Ellen M. Michael   |  |  |  |  |  |
| ,   | Signature of Joint Debtor (if any) Date                             |  |  |  |  |  |

Printed Name and title, if any, of Bankruptcy Petition Preparer

Alan J. Acierno DDS John B. Keehan DDS 129 S. Roselle Rd, Ste 101 Schaumburg, IL 60193-5540

American Coin Corp 919 Estes Court Schaumburg, IL 60193-4427

American Express P.O. Box 981537 El Paso, TX 79998

American Express P.O. Box 981537 El Paso, TX 79998

Bank of America 9000 Southside Blvd, Bldg 600 FL9-600-0 Jacksonville, FL 32256

Capital One Bank USA P.O. Box 30181 Salt lake City, UT 84130-0281

Capital One Bank USA P.O. Box 30281 Salt Lake City, UT 84130-0281

Capital One Financial 2730 Liberty Ave. Pittsburgh, PA 15222

Citimortgage P.O. Box 9438, Dept O Gaithersburg, MD 20898-9438

Countrywide Home Loans 450 American Street S Simi Valley, CA 93065

Credit One Bank P.O. box 08872 Las Vegas, NV 89193

Dick's Sporting/GEMB P.O. Box 981439 El Paso, TX 79998

DSNB/Macy's 9111 Duke Blvd Mason, OH 45040-8999 DSNB/Macys 9111 Duke Blvd Mason, OH 45040-8999

FIA CSNA 4060 Ogleton Stat, Mail Code DE5-019 Newark, DE 19713

Fifth Third Bank 5050 Kingsley Dr MD1MOB1K Cincinnati, OH 45263

Golf Digest c/o North Shore Agency Inc. P.O. Box 8901 Westbury, NY 11590-8901

HSBC Bank P.O. Box 5253 Carol Stream, IL 60197

HSBC Bank P.O. Box 5253 Carol Stream, IL 60197

IRS ACS Support - Stop 8130 P.O. Box 145566 Cincinnati, OH 45250-5566

ACS Support - Stop 8130 P.O. Box 145566 cincinnati, OH 45250-5566

IRS ACS Support - Stop 8130 P.O. Box 145566 cincinnati, OH 45250-5566

Kohl's/Chase N56W17000 Ridgewood Menomonee FLS, WI 53051

Kohl's/Chase N56W17000 Ridgewood Menomonee FLS, WI 53051

Lane Bryant 450 Winks lane Bensalem, PA 19020 McHenry County Collector 2200 N. Seminary Avenue Woodstock, IL 60098

McHenry Recorder of Deed 667 Ware Street Rm 109 Woodstock, IL 60098

Memorial Center c/o American Corp. 919 Estes Court Schaumburg, IL 60193

PM Group International Inc. Re: Non-Employee Income P.O. Box 145566 Cincinnati, OH 45250-5566

Quest Diagnostics P.O. Box 64804 Baltimore, MD 21264-4804

Robert R. Youngquist DDS 255 Havenwood Drive Lake Geneva, WI 53147

Spirit of America National Bank 1103 Allen Drive Milford, OH 45150

The Home Depot/DBSD P.O. Box 6497 Sioux Falls, SD 57117-6497

TNB-Target
P.O. Box 673
Minneapolis, MN 55440-0673

Washingtton Mutual/PROV 800 Brooksedge Blvd. Westville, OH 43081 B203 12/94

# United States Bankruptcy Court Northern District of Illinois

| ]         | In re Thomas M. Walter & Ellen M. Michael  | Case No.   |   |
|-----------|--|--|---|
|           |  | Chapter 7  |   |
| ]         | Debtor(s)  |  |   |
|           | DISCLOSURE OF COMPENSATION C   | OF ATTORNEY FOR DEBTOR   |   |
| а         | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cert and that compensation paid to me within one year before the filing endered or to be rendered on behalf of the debtor(s) in contemple. | g of the petition in bankruptcy, or agreed to be paid to me, for services  |   |
| F         | For legal services, I have agreed to accept  | \$1,700.00   |   |
|           | Prior to the filing of this statement I have received  |  |   |
|           | Balance Due  |  |   |
|           | The source of compensation paid to me was:   | ··········   |   |
|           | Debtor Other (specify)   |  |   |
| 3.        | The source of compensation to be paid to me is:  |  |   |
| <b>.</b>  | Debtor Other (specify)   |  |   |
| 4. [      | ✓ I have not agreed to share the above-disclosed compensation  | on with any other person unless they are members and   |   |
| assoc     | iates of my law firm.  | ,  |   |
| of my     | I have agreed to share the above-disclosed compensation w law firm. A copy of the agreement, together with a list of the nam   | with a other person or persons who are not members or associates nes of the people sharing in the compensation, is attached. |   |
| •         | In return for the above-disclosed fee, I have agreed to render leg   |  |   |
|           |  | ice to the debtor in determining whether to file a petition in bankruptcy; of affairs and plan which may be required;        |   |
| 6.<br>Doe | By agreement with the debtor(s), the above-disclosed fee does so not include representation in adversary and contested m   | •  |   |
|           | I certify that the foregoing is a complete statement of any  | RTIFICATION agreement or arrangement for payment to me for representation of the   | e |
|           | debtor(s) in the bankruptcy proceeding.  |  |   |
|           |  | /s/ John H. Redfield   |   |
|           | Date   | Signature of Attorney  John H. Redfield & Associates, P.C.  Name of law firm   |   |

|   | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
|---|--|
| In re Thomas M. Walter & Ellen M. Michael | The presumption arises.  |
| Debtor(s)                                 | ▼ The presumption does not arise.  |
| Case Number:                              | ☐ The presumption is temporarily inapplicable.   |
| (If known)                                |  |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

| applies | s, each joint filer must complete a separate statement.  |
|---------|--|
|         | Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS   |
| 1A      | If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
|         | Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).  |
| 1B      | If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
|         | Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.   |
|         | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C      | Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard   |
|         | a. I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  |
|         | ☐I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  OR  |
|         | b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.  |
|         | , which is less than 540 days before this bankinghtey case was filed.  |

|   | Par   | t II. CALCULATION OF MONTHLY II  | NCOME FOR §   | 707(b)(7          | 7) E                           | XCLUS     | ION                            | J        |
|---|---|--|---|-------------------|--------------------------------|-----------|--------------------------------|----------|
|   | Marital/filing status. Check the box that applies and complete the balance of this part of thi  |  |   |                   |                                |           | direc                          | ted.     |
|   | а. 🔲 С  | Jnmarried. Complete only Column A ("Debtor's Ir  | ncome") for Lines 3-                                | 11.               |                                |           |                                |          |
|   | b. Married, not filing jointly, with declaration of separate households. By checking this bo penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the I Complete only Column A ("Debtor's Income") for Lines 3-11.   |  |   |                   |                                |           | e and                          |          |
| 2 | Colum   | Married, not filing jointly, without the declaration of s n A ("Debtor's Income") and Column B ("Spous   | e's Income") for Lin                                | ies 3-11.         |                                |           |                                |          |
|   |   | Married, filing jointly. Complete both Column A ("les 3-11.  | Debtor's Income") a                                 | and Column        | В ('                           | 'Spouse's | Inco                           | ome")    |
|   | six cale<br>before  | res must reflect average monthly income received from the months prior to filing the bankruptcy case, end the filing. If the amount of monthly income varied duthe six-month total by six, and enter the result on the | ing on the last day of a<br>uring the six months, y | the month         | Column A<br>Debtor's<br>Income |           | Column B<br>Spouse's<br>Income |          |
| 3 | Gross   | wages, salary, tips, bonuses, overtime, commis   | sions.  |                   | \$                             | 780.00    | \$                             | 7,848.17 |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. |  |   |                   |                                |           |                                |          |
|   | a.  | Gross receipts   | \$  | 1,622.95          |                                |           |                                |          |
|   | b.  | Ordinary and necessary business expenses   | \$  | 1,279.00          |                                |           |                                |          |
|   | C.  | Business income  | Subtract Line b from                                | n Line a          | \$                             | 343.95    | \$                             | 0.00     |
| 5 | differer  | and other real property income. Subtract Line b from the appropriate column(s) of Line 5. Do not exclude any part of the operating expenses entered.   | nter a number less tha                              | n zero. <b>Do</b> |                                |           |                                |          |
| 5 | a.  | Gross receipts   | \$  | 0.00              |                                |           |                                |          |
|   | b.  | Ordinary and necessary operating expenses  | \$  | 0.00              |                                |           |                                |          |
|   | C.  | Rent and other real property income  | Subtract Line b from                                | n Line a          | \$                             | 0.00      | \$                             | 0.00     |
| 6 | Interes   | st, dividends and royalties.   |   |                   | \$                             | 0.00      | \$                             | 0.00     |
| 7 | Pensio  | n and retirement income.   |   |                   | \$                             | 0.00      | \$                             | 0.00     |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |  |   | ¢                 | 0.00                           | ¢         | 0.00                           |          |
|   |   |  |   |                   | \$                             | 0.00      | \$                             | 0.00     |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |  |   |                   |                                |           |                                |          |
|   |   | ployment compensation claimed to be efit under the Social Security Act Debtor \$   | 0.00   Spouse \$                                    | 0.00              | \$                             | 0.00      | \$                             | 0.00     |

| 10 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  a. \$ 0.00  b. \$ 0.00  Total and enter on Line 10 |           | 0.00   | \$ 0.00       |  |
|----|---|-----------|--------|---------------|--|
|    | Total and enter on Line TO  | Ψ         | 0.00   | \$ 0.00       |  |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).   |           |        | \$ 7,848.17   |  |
| 12 | Total Current Monthly Income for § 707(b) (7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.  |           |        | 8,972.12      |  |
|    | Part III. APPLICATION OF § 707(b)(7) EXCLUSIO   | N         |        |               |  |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 b number 12 and enter the result.   | y the     | \$     | 107,665.44    |  |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <a href="https://www.usdoj.gov/ust/">Illinois</a> b. Enter debtor's household size: <a href="https://www.usdoj.gov/ust/">5</a> \$8,084.00   |           |        |               |  |
|    | Application of Section 707(b)(7). Check the applicable box and proceed as directed.   |           | •      |               |  |
| 15 | The amount on Line 13 is less than or equal to the amount on Line 14. Check the not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete The amount on Line 13 is more than the amount on Line 14. Complete the remain  | olete Par | ts IV, | V, VI or VII. |  |

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

|   | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)  |    |          |  |  |  |
|---|---|----|----------|--|--|--|
| 16  | Enter the amount from Line 12.  | \$ | 8,972.12 |  |  |  |
| 17  | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. |    | 0.00     |  |  |  |
| 18  | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.   | \$ | 8,972.12 |  |  |  |
|   | Part V. CALCULATION OF DEDUCTIONS FROM INCOME   |    |          |  |  |  |
| Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) |   |    |          |  |  |  |
| 19A   | National Standards: food, clothing and items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | \$ | 1,632.00 |  |  |  |

| 19B | National Standards: Out-of-Pocket Health of for persons 65 years of clerk of the bankruptounder 65 years of age years or older. (The thing 14b). Multiply lingenter the result in Ling 65 and older, and enter the result in and enter the result in and enter the result in the control of the con | Care for person age or old age or old age or old age on the age of a general age of age of a general age of  | sons under 65 yeer. (This informater in Line b1 the in Line b2 the number of household metal to obtain a toy Line a2 by Line a2 by Line                 | ars of a<br>ation is<br>a numb<br>mber o<br>embers<br>otal am<br>a b2 to | age, and in Lir<br>available at we<br>per of member<br>of members of<br>must be the so<br>nount for house<br>obtain a total  | ne a2 the IRS Nature   | tional Standards<br>st/ or from the<br>old who are<br>who are 65<br>ber stated in<br>under 65, and<br>ehold members |              |
|-----|--|--|---|--|--|--|---|--------------|
|     | Household membe  | ers under 65   | years of age  | Hous   | ehold membe  | ers 65 years of  | age or older  |              |
|     | a1. Allowance pe   | er member  | 60.00   | a2.  | Allowance p  | er member  | 144.00  |              |
|     | b1. Number of n  | nembers  | 5   | b2.  | Number of I  | members  | 0   |              |
|     | c1. Subtotal   |  | 300.00  | c2.  | Subtotal   |  | 0.00  | \$<br>300.00 |
| 20A | Local Standards: IRS Housing and Utilit size. (This information  | ties Standard  | ls; non-mortgage  | exper  | nses for the ap  | plicable county a  | and household   | \$<br>566.00 |
| 20B |  | S Housing an aformation is to the total of subtract Line ero.  Multilities Start August 1985 August 19 | d Utilities Standa<br>available at www.<br>the Average Mon<br>b from Line a ar<br>ICHENRY COUT<br>andards; mortga<br>for any debts see<br>ed in Line 42 | rds; m<br>v.usdoj<br>nthly Pa<br>id ente<br>NTY<br>ge/ren                | ortgage/rent e<br>i.gov/ust/ or fr<br>ayments for ar<br>r the result in<br>tal expense   | expense for your<br>rom the clerk of the<br>ry debts secured | county and<br>the bankruptcy<br>by your home,<br>ot enter an<br>1,630.00  | 0.00         |
|     | Local Standards: I out in Lines 20A and 2  | housing ar   | nd utilities; ac  |  |  | contend that the   | process set   | \$<br>0.00   |
| 21  | the IRS Housing and lentitled, and state the   |  |   |  |  | which you conte  | end you are   | \$<br>0.00   |
|     | Local Standards: 1 You are entitled to an operating a vehicle an Check the number of expenses are include  | expense alload regardless for d as a contri  | owance in this ca<br>of whether you<br>which you pay th   | tegory<br>use pul<br>ne oper   | regardless of values of va | whether you pay<br>tion.<br>es or for which th               | the expenses of   |              |
| 22A | If you checked 0, ent<br>Transportation. If yo<br>IRS Local Standards:<br>Metropolitan Statistic<br>or from the clerk of t   | ter on Line 2<br>ou checked 1<br>Transportat<br>al Area or Co  | or 2 or more, er<br>ion for the applic<br>ensus Region. (T  | iter on<br>able nu   | Line 22A the "<br>umber of vehic   | Operating Costs"<br>cles in the applica                      | ' amount from<br>able   | \$<br>434.00 |

| 23 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 V 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs \$489.00 |                |
|----|---|----------------|
|    | b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42  c. Net ownership/lease expense for Vehicle 1  Subtract Line b from Line a. \$  | 16.00          |
|    | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.   | 16.00          |
| 24 | a. IRS Transportation Standards, Ownership Costs \$ 489.00  Average Monthly Payment for any debts secured by Vehicle 2,   |                |
|    | c. Net ownership/lease expense for Vehicle 2 \$ 0.00 Subtract Line b from Line a.   | \$<br>489.00   |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   | \$<br>1,817.37 |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.   | \$<br>500.00   |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.   | \$<br>150.00   |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.   | \$<br>1,450.00 |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.   | \$<br>0.00     |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.   | \$<br>0.00     |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   | \$<br>0.00     |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  | \$<br>0.00     |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32  | \$<br>7,354.37 |

|    |   | Subpart B: Additional Expens Note: Do not include any expenses   |   |                                      |               |        |
|----|---|--|---|--------------------------------------|---------------|--------|
|    | Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. |  |   |                                      |               |        |
|    | a.  | Health Insurance   | \$  | 358.56                               |               |        |
|    | b.  | Disability Insurance   | \$  | 0.00                                 |               |        |
| 34 | C.  | Health Savings Account   | \$  | 0.00                                 |               | 358.56 |
|    | If y  | ou do not actually expend this total amount, stee below:  0.00   | ate your actual average expendi   | tures in the                         | <b>S</b>      | 336.30 |
| 35 | average<br>support  | e actual monthly expenses that you will continue to of an elderly, chronically ill, or disabled member of who is unable to pay for such expenses.  | pay for the reasonable and nece   | ssary care and                       | 3             | 0.00   |
| 36 | expense<br>Prevent  | estion against family violence. Enter the total es that you actually incurred to maintain the safety ion and Services Act or other applicable federal law confidential by the court.   | of your family under the Family   | Violence                             | 3             | 0.00   |
| 37 | IRS Loc   | energy costs Enter the total average monthly a al Standards for Housing and Utilities that you actue your case trustee with documentation of you strate that the additional amount claimed is re   | ally expend for home energy cos<br>r actual expenses, and you m   | ts. You must                         | 6             | 0.00   |
| 38 | expense<br>element<br>provide   | tion expenses for dependent children lesses that you actually incur, not to exceed \$137.50 petary or secondary school by your dependent childre be your case trustee with documentation of you e amount claimed is reasonable and necessary rds.  | er child, for attendance at a priva<br>n less than 18 years of age. You<br>ir actual expenses and you m     | ite or public<br>must<br>ust explain | 6             | 0.00   |
| 39 | food an<br>in the II<br>availabl  | onal food and clothing expense. Enter the t<br>d clothing expenses exceed the combined allowance<br>RS National Standards, not to exceed 5% of those of<br>e at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the base<br>e additional amount claimed is reasonable and | es for food and clothing (apparel<br>combined allowances. (This informankruptcy court.) <b>You must den</b> | and services)<br>mation is           | 5             | 0.00   |
| 40 |   | nued charitable contributions. Enter the am<br>n of cash or financial instruments to a charitable or<br>2)   |   |                                      | 6             | 0.00   |
| 41 | Total A   | Additional Expense Deductions under § 7  | <b>07(b).</b> Enter the total of Lines 3  | 34 through 40.                       | _ <del></del> | 358.56 |

|    |   | Sı                              | ubpart C: Deductions for De   | ebt P                         | ayment               |  |    |          |
|----|---|---------------------------------|---|-------------------------------|----------------------|--|----|----------|
|    | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42. |                                 |   |                               |                      |  |    |          |
| 42 | Name of Creditor  |                                 | Property Securing the Debt  | Property Securing the Debt  A |                      | Does payment include taxes or insurance? |    |          |
|    | a.  | Citimortgage                    | Residence   | \$                            | 1,413.83             | yes 🗆 no                                 |    |          |
|    | b.  | Countyrwide                     | Residence   | \$                            | 320.45               | ☐ yes <b>▼</b> no                        |    |          |
|    | C.  | Bank O America                  | Avalon  | \$                            | 484.00               | □ yes 🚺 no                               |    |          |
|    |   |                                 | *See cont. pg for additional debts  | 1                             | I: Add Line<br>and c |  | \$ | 2,276.23 |
| 43 | primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.                      |                                 |   |                               |                      |  |    |          |
| 43 | Name of Creditor Property Securing the Debt 1/60th of the Cu  |                                 |   |                               |                      | ne Cure Amount                           |    |          |
|    | a.  |                                 |   |                               | \$                   | 0.00                                     |    |          |
|    | b.  |                                 |   |                               | \$                   | 0.00                                     |    |          |
|    | C.  |                                 |   |                               | \$                   | 0.00                                     |    | 0.00     |
|    | <u> </u>  |                                 |   |                               |                      | 6 11 1 11                                | \$ | 0.00     |
| 44 | clain   | ns, such as priority tax, child | riority claims. Enter the total amo<br>support and alimony claims, for whic<br>nclude current obligations, such a | h you                         | were liable a        | t the time of                            | \$ | 37.50    |
|    | the f   |                                 | <b>expenses.</b> If you are eligible to file amount in line a by the amount in line                               |                               |                      |  |    |          |
|    | a.  | Projected average mor           | thly Chapter 13 plan payment.   |                               | \$                   | 0.00                                     |    |          |
| 45 | b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |                                 |   |                               | ×                    | 6.8 %                                    |    |          |
|    | C. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b  |                                 |   |                               |                      |  | \$ | 0.00     |
|    |   | al Dadustiana for Daht          |   | 10 46                         |                      |  | 1  |          |
| 46 | Tota  | ai Deductions for Debt          | Payment. Enter the total of Lines 4   | 12 inro                       | ougn 45.             |  | \$ | 2,313.73 |
| 46 | Tota  |                                 | bpart D: Total Deductions 1   |                               |                      |  | \$ | 2,313.73 |

|    | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTI   | ION                      |  |  |  |  |  |
|----|---|--------------------------|--|--|--|--|--|
| 40 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))  | \$ 8,972.12              |  |  |  |  |  |
| 48 |   |                          |  |  |  |  |  |
| 49 |   | 10,020.00                |  |  |  |  |  |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter result.  | the \$ -1,054.54         |  |  |  |  |  |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.  | \$ -63,272.40            |  |  |  |  |  |
|    | Initial presumption determination. Check the applicable box and proceed as directed.  |                          |  |  |  |  |  |
|    | The amount on Line 51 is less than \$6,575. Check the box for "The presumption does page 1 of this statement, and complete the verification in Part VIII. Do not complete the remaind   |                          |  |  |  |  |  |
| 52 | The amount set forth on Line 51 is more than \$10,950. Check the "Presumption arise page 1 of this statement, and complete the verification in Part VIII. You may also complete Part the remainder of Part VI.  |                          |  |  |  |  |  |
|    | The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete VI (Lines 53 through 55).   | the remainder of Part    |  |  |  |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt  | \$ N.A.                  |  |  |  |  |  |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter  | \$ N.A.                  |  |  |  |  |  |
|    | Secondary presumption determination. Check the applicable box and proceed as directed.  |                          |  |  |  |  |  |
| 55 | <ul> <li>☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</li> <li>☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Chec presumption arises" at the top of page 1 of this statement, and complete the verification in Part V complete Part VII.</li> </ul> | k the box for "The       |  |  |  |  |  |
|    | Part VII: ADDITIONAL EXPENSE CLAIMS   |                          |  |  |  |  |  |
|    | <b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that health and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure average monthly expense for each item. Total the expenses.   | om your current monthly  |  |  |  |  |  |
|    | Expense Description Mor   | nthly Amount             |  |  |  |  |  |
| 56 | a. \$   | 0.00                     |  |  |  |  |  |
|    | b. \$   | 0.00                     |  |  |  |  |  |
|    | C. \$   | 0.00                     |  |  |  |  |  |
|    | Total: Add Lines a, b and c   | 0.00                     |  |  |  |  |  |
|    |   |                          |  |  |  |  |  |
|    | Part VIII: VERIFICATION   |                          |  |  |  |  |  |
|    | I declare under penalty of perjury that the information provided in this statement is true and correct both debtors must sign.)   | . (If this a joint case, |  |  |  |  |  |
|    | Date: Signature:/s/ Thomas M. Walter  |                          |  |  |  |  |  |
| 57 | (Debtor)    Signature: Signature:   |                          |  |  |  |  |  |
|    | (Joint Debtor, if any)  | <u>-</u>                 |  |  |  |  |  |

| Income Month 1                 |        |          | Income Month 2                 |        |         |
|--------------------------------|--------|----------|--------------------------------|--------|---------|
| Gross wages, salary, tips      | 780.00 | 7,848.17 | Gross wages, salary, tips      | 780.00 | 7,848.1 |
| Income from business           | 343.95 | 0.00     | Income from business           | 343.95 | 0.0     |
| Rents and real property income | 0.00   | 0.00     | Rents and real property income | 0.00   | 0.0     |
| Interest, dividends            | 0.00   | 0.00     | Interest, dividends            | 0.00   | 0.0     |
| Pension, retirement            | 0.00   | 0.00     | Pension, retirement            | 0.00   | 0.0     |
| Contributions to HH Exp        | 0.00   | 0.00     | Contributions to HH Exp        | 0.00   | 0.0     |
| Unemployment                   | 0.00   | 0.00     | Unemployment                   | 0.00   | 0.0     |
| Other Income                   | 0.00   | 0.00     | Other Income                   | 0.00   | 0.0     |
| Income Month 3                 |        |          | Income Month 4                 |        |         |
| Gross wages, salary, tips      | 780.00 | 7,848.17 | Gross wages, salary, tips      | 780.00 | 7,848.1 |
| Income from business           | 343.95 | 0.00     | Income from business           | 343.95 | 0.0     |
| Rents and real property income | 0.00   | 0.00     | Rents and real property income | 0.00   | 0.0     |
| Interest, dividends            | 0.00   | 0.00     | Interest, dividends            | 0.00   | 0.0     |
| Pension, retirement            | 0.00   | 0.00     | Pension, retirement            | 0.00   | 0.0     |
| Contributions to HH Exp        | 0.00   | 0.00     | Contributions to HH Exp        | 0.00   | 0.0     |
| Unemployment                   | 0.00   | 0.00     | Unemployment                   | 0.00   | 0.0     |
| Other Income                   | 0.00   | 0.00     | Other Income                   | 0.00   | 0.0     |
| Income Month 5                 |        |          | Income Month 6                 |        |         |
| Gross wages, salary, tips      | 780.00 | 7,848.17 | Gross wages, salary, tips      | 780.00 | 7,848.  |
| Income from business           | 343.95 | 0.00     | Income from business           | 343.95 | 0.0     |
| Rents and real property income | 0.00   | 0.00     | Rents and real property income | 0.00   | 0.0     |
| Interest, dividends            | 0.00   | 0.00     | Interest, dividends            | 0.00   | 0.0     |
| Pension, retirement            | 0.00   | 0.00     | Pension, retirement            | 0.00   | 0.0     |
| Contributions to HH Exp        | 0.00   | 0.00     | Contributions to HH Exp        | 0.00   | 0.0     |
| Unemployment                   | 0.00   | 0.00     | Unemployment                   | 0.00   | 0.0     |
| Other Income                   | 0.00   | 0.00     | Other Income                   | 0.00   | 0.0     |

# Additional Items as Designated, if any

Line 42: McHenry County Collector Residence 57.95

# Remarks